



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O. H. McFalls	Location 1002 aswego st	Date 4/5/87													
Facility Equipment 1	Detax Clock No. —	Weapon No. —	Holster —	Nightstick —	Raincoat 1	Flashlight 1	Other gate & Trailer keys, phone									
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) etc K. Felix		Officer—Swing Shift (Name) etc Del Vecchio		Officer—Grave Shift (Name) etc R. Dealing										
Shift Began 800 AM-PM Ended 400 AM-PM		Shift Began 400 AM-PM Ended 1200 AM-PM		Shift Began 1200 AM-PM Ended 800 AM-PM												
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation							
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
6. Lights left burning		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CPT. Miller							
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>								
Remarks Time change (RD)																
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.				
	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No				
2. Did you suffer any illness?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No				
3. Have you reported all accidents coming to your attention?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No				
Michael M. Miller cpt.	Signatures	1.	Kenneth Felix				2.	Chris De Vecchio				3.	Robert Dealing			
12:50 A. Left 903RS	Signatures	2.					2.					2.				
	Signatures	3.					3.					3.				

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